

THE KENTUCKY BOARD OF LICENSURE FOR PROFESSIONAL ART THERAPISTS

PO Box 1360
Frankfort, KY 40602
(502) 564-3296
<http://pat.ky.gov>

Licensed Professional Art Therapist Associate Renewal Form

FEE: \$100
LIC NO:

Your License Expires:

KRS Chapter 309.1335(1)(2) and KAR 34:020(4)(5) requires each licensed Professional Art Therapist Associate to renew his or her license every two (2) years. Your current license is now subject to renewal. **Failure to renew your license shall constitute sufficient cause for suspension of license and you must CEASE and DESIST the practice of Professional Art Therapy in Kentucky.**

FOLLOW THESE INSTRUCTIONS AND FILL IN ALL BLANKS (Incomplete forms will be returned):

- **Attach appropriate renewal fee with this form. DO NOT SEND CASH. All checks or money orders must be made payable to the Kentucky State Treasurer.**
- **Renewals mailed on or before license expiration date- \$100.00.**
- **Renewals mailed within the 90 day grace period- \$150.00** (After the 90 day grace period you will have 90 days to reinstate your suspended license. You must submit a reinstatement form with payment of \$200.00 and proof of completion of 18 hours of continuing education obtained within the last twenty-four (24) months immediately preceding the date on which the request for reinstatement is submitted to the Board).
- **Complete the backside of this renewal application for CE credit. DO NOT attach documentation of CE unless you are audited. If you are audited you must attach proper documentation.**
- **Return this form and fee to the address listed above on or before your license expiration date. Any form which is returned due to incomplete or incorrect information will be subject to late penalties if not returned by the deadlines stated above.**

PLEASE COMPLETE THE FOLLOWING:

Name _____ Social Security # _____

Address _____
Street or Box number City State Zip

Present Business Name/Address: **(Only if different from mailing address)**

Street or Box Number City State Zip

Home Phone # () _____ Business Phone # () _____

Licensure Number: _____ Email: _____

Have you been convicted of a felony or misdemeanor since the last renewal of your license? _____ Yes _____ No
If yes, give details and attach documentation: (Use back of form if necessary)

Has your licensure as a Professional Art Therapist Associate in any other state been subject to disciplinary action?
 _____ Yes _____ No If yes, give details and attach documentation. _____

CONTINUING EDUCATION INFORMATION

List below the hours of continuing education obtained, INCLUDING COMPLETE DATE AND HOURS OBTAINED. Incomplete forms will be returned: (DO NOT attach documentation unless you are audited. It is your responsibility to maintain all documentation).

Course Name	Dates Attended: Month/Day/Year	Hours Earned

Total Hours _____

CERTIFICATION OF AFFIDAVIT

I, the license holder named above, do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my licensure could be subject to disciplinary action by the Kentucky Board of Licensure for Professional Art Therapists.

Applicant's signature: _____ Date _____
 (sign your name. Do not print or type)

Do not write below this line-For Board and Office use only

Date processed: _____

Total CE hours Approved: _____

P.V. No. _____

Verified by: _____